



47 Fair Street, Drogheda, Co Louth

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## Request to join Number 47 Medical Practice as a patient

*Please complete this form fully and leave it at reception*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Do you have a Medical Card? Yes  No  If yes, please give number: \_\_\_\_\_

Name of current GP: \_\_\_\_\_

Address of current GP: \_\_\_\_\_

Brief medical history: \_\_\_\_\_

Name & Date of Birth of any other family members wishing to join:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note, completion of this form is not confirmation of your acceptance as a patient.***

*A member of our team will contact you within*

*10 working days if we are in a position to take you on as a patient at the present time.*

*For office use only:*  
Date request received: \_\_\_\_\_ Date patient contacted: \_\_\_\_\_ A  NA

Dr. D.W. O'Neill  
MCRN: 18620

Dr. C.B. MacMahon  
19228

Dr. A. R. Hoey  
126040

Dr. C.M. Hutcheson  
19382